

New BUSINESS.

**NEIGHBORHOOD
AND COMMUNITY
SERVICES STANDING
COMMITTEE**

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 654 Event Name: Metro Detroit Light the NightEvent Date: October 5, 2019Street Closure: NoneOrganization Name: The Leukemia & Lymphoma SocietyStreet Address: 1471 E. 12 Mile Road Madison Heights, MI 48071

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☒ Walkathon
 ☐ Carnival/Circus
 ☐ Concert/Performance
 ☐ Run/Marathon
☐ Bike Race
 ☐ Religious Ceremony
 ☐ Political Ceremony
 ☐ Festival
☐ Filming
 ☐ Parade
 ☐ Sports/Recreation
 ☐ Rally/Demonstration
☐ Fireworks
 ☐ Convention/Conference
 ☐ Other: _____
☐ **24-Hour Liquor License**

Petition Communications (include date/time)

The Leukemia & Lymphoma Society will host their annual fundraiser walk at Hart Plaza from 6:00pm - 9:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Private Security Company Pending
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Staging
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Fisher

Date: 7-15-19



LEUKEMIA &
LYMPHOMA
SOCIETY®

LIGHT
THE NIGHT®



DETROIT LIGHT THE NIGHT

SATURDAY, OCTOBER 5TH

6PM-9PM

1,500 ATTENDEES

Special Events Management Group Meeting

Wednesday, July 10th @11:00am

Required Documentation:

- 1. Special Event Application**
- 2. Event Layout & Walk Route**
- 3. Tent Layout**
- 4. Certificate of Insurance (to be renewed for 2019)**
- 5. Emergency Medical Agreement- not included due to size of event**
- 6. Sanitation Agreement- not included**
- 7. Port-A-John agreement**
- 8. Community Communication- not included**



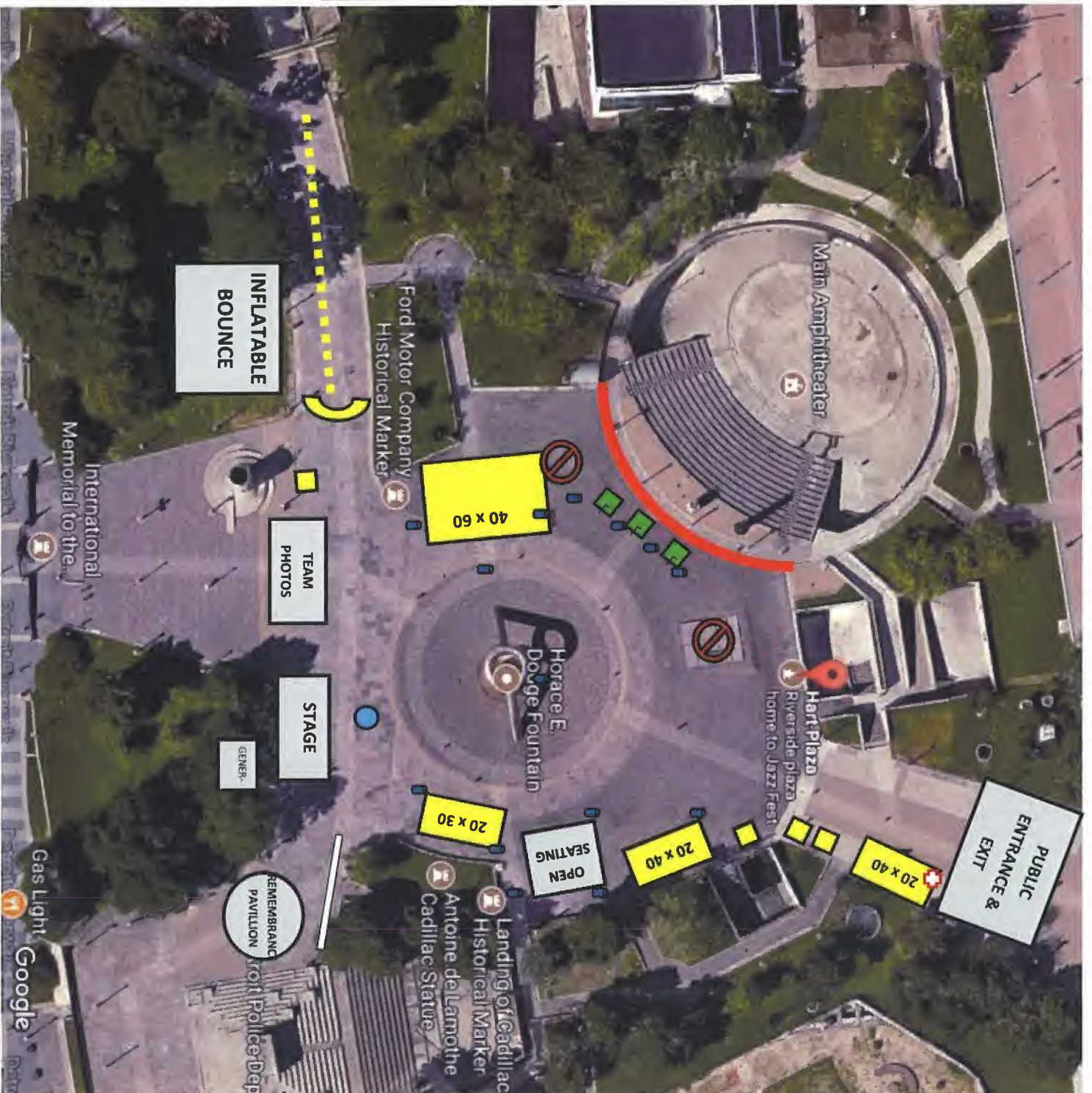
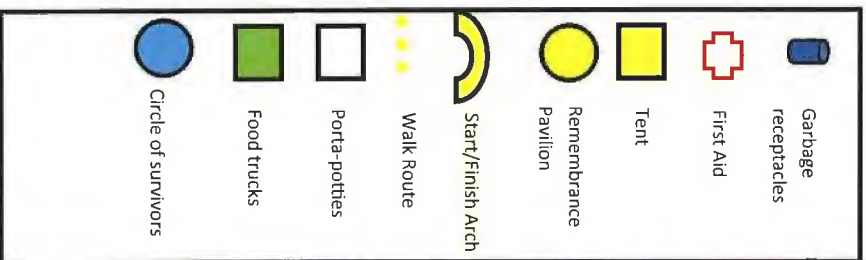
LEUKEMIA &
LYMPHOMA
SOCIETY®

LIGHT
THE NIGHT®



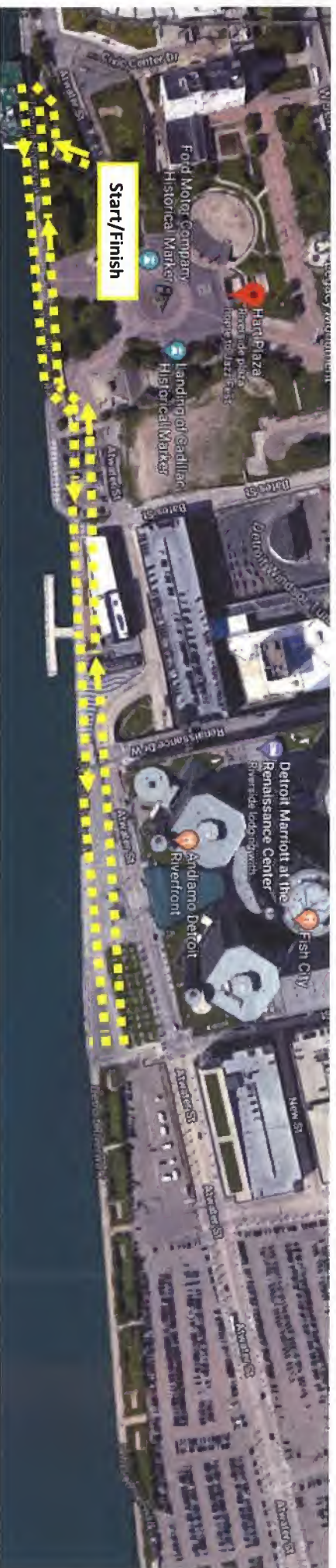
- | | | | |
|--|---|--|---|
| 1. Registration Tent- 20x40,
13 tables
8 chairs | 4. Genentech Tent-10x10
2 tables
4 chairs | 5. Remembrance Pavilion
1 round table | 8. Kids Zone— 10x10
2 tables
4 chairs
Inflatables |
| 2. Lantern Tent: 10x10
4 tables | 4. Mission Tent: 20x40
10 tables
20 chairs | 6. Tailgate Area
40 tables
320 chairs | 9. Generator |
| 3. T-Shirt Tent: 10x10
4 tables | 6. Tailgate Area
40 tables
320 chairs | 7. VIP Tent: 40x60
24 round top
192 chairs
2 banquet | 10. Stage |

2019 DETROIT LIGHT THE NIGHT LAYOUT & WALK ROUTE



2019 DETROIT LIGHT THE NIGHT LAYOUT & WALK ROUTE

- Head Southwest on Detroit Riverwalk ramp towards Civic Center Drive
- Take a left and head east on Detroit Riverwalk for 0.5 miles.
- Turn around at on the Riverwalk after 0.5 miles (Beaubien St)
- Head west on Detroit Riverwalk for 0.5 miles back to start.



John's Sanitation Inc.

INVOICE

59075 Oasis Center Dr.
South Lyon, MI 48178
Phone 248-437-0841 Fax 248-437-0130
E-mail: johnsanit@yahoo.com

DATE: 7/02/2019
INVOICE:
P.O. Number:

Bill to:
LEUKEMIA & LYMPHOMA

For:
DELIVER: 10/5/2019
Hart Plaza

ATTN: Jamie Riser 248-581-3898
EMAIL:jamie.risner@lls.org

DESCRIPTION	QUANTITY	RATE	AMOUNT
PORTABLE TOILET WITH HAND SANITIZER	10	90.00	900.00
		Total	900.00
		Deposit	
		Paid	
		BALANCE	\$900.00

Make all checks payable to **John's Sanitation Inc.**
Visa, Master Card & Discover are accepted
Balance must be paid in full before event. A 5% service fee
will be added to invoices that are not paid in full 10 days after event.

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, January 16, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
RECREATION DEPARTMENT

654 *The Luekemia & Lymphoma Society, request to hold "Metro Detroit Light The Night" at Hart Plaza on 10/5/19 at 6:00 pm - 9:00 pm, Set-up on 10/5/19 @ 8:00 am and complete tear down at end of event.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Metro Detroit Light The Night

Event Location: Hart Plaza

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: The Leukemia & Lymphoma Society

Organization Mailing Address: 1471 E 12 Mile Rd, Madison Heights, MI 48071

Business Phone: 248-581-3898

Business Website: www.lls.org/michigan

Applicant Name: Jamie Risner

Business Phone: 248-581-3898

Cell Phone: 810-936-1638

Email: jamie.risner@lls.org

Event On-Site Contact Person:

Name: Jamie Risner

Business Phone: 248-581-3898

Cell Phone: 810-936-1638

Email: jamie.risner@lls.org

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 1500

Please provide a brief description of your event:

Light The Night is the Leukemia & Lymphoma Society's annual fundraising to raise awareness and

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 10/05/2019 Time:08:00am Complete Set-up Date: 10/05/2019 Time:04:00pm

Event Start Date:10/05/2019 Time:06:00pm Event End Date: 10/05/2019 Time:09:00PM

Begin Tearing Down Date:10/05/2019 Complete Tear Down Date:10/05/2019

Event Times (If more than one day, give times for each day):
N/A

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza

Facilities to be used (Check) Street
Facility

Sidewalk ☒

Park ☒

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

We will have family friend activities such as face painting, character appearances, strolling performers

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? JBL VRX 932 Speakers mounted on stage

Describe specific power needs for entertainment and/or music:

Power will be needed for A/V on stage, bounce houses and inflatables words of hope decor.

How many generators will be used? 1

How will the generators be fueled?
Diesel

Name of vendor providing generators:

Contact Person: TBD

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☒ Merchandise

☒ Non-Alcoholic Beverages

☐ Alcoholic Beverages

Indicate type of items to be sold:

Food will be sold by food trucks and potential merchandise to be sold by our organization

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

3

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Attendees will be notified via email, Facebook and telephone on where to park along with a document on event day details.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
There will be sound carryover from the speaker systems and an increase in pedestrian traffic during the event. We will have security and volunteers to assist with pedestrian crossing.

Have local neighborhood groups/businesses approved your event?

☐ Yes ☒ No

Indicate what steps you have or will take to notify them of your event:
We will identify all neighborhood and business groups at least 6 months before the event and see their advice on ways to minimize the impact.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth	0	
Tents (enclosed on 3 sides)	0	
Canopy (open on all sides)		20x40; 20x30; 40x60
Staging/Scaffolding	1	31' H, 34'L, 24' W
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: N/A

Address:

City/State/Zip:

Name of company providing port-a-johns. TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? TBD

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: N/A

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

We do not have agreements in place yet. I will attach the certificate of insurance from 2018 that will be renewed before the 2018 event.

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

esign via DocuSign
Jamie risner
Key: 433f47f8b0b0908f4e7a84-e33c5f89

01/08/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Metro Detroit Light The Night Event
Date: 10/05/2019

Event Organizer:
The Leukemia & Lymphoma Society

Applicant Signature:

esign via DocuSign
Jamie risner
Key: 433f47f8b0b0908f4e7a84-e33c5f89

Date: 01/08/2019

2019-01-16

654

654 *Petition of The Luekemia &
Lymphoma Society, request to hold
"Metro Detroit Light The Night" at
Hart Plaza on 10/5/19 at 6:00 pm -
9:00 pm, Set-up on 10/5/19 @ 8:00
am and complete tear down at end of
event.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY
ENGINEERING
RECREATION DEPARTMENT

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELEDPetition #: 1094 Event Name: 2020 Movement Music FestivalEvent Date: May 23 - 26, 2020Street Closure: NoneOrganization Name: PAXAHAU, Inc.Street Address: 1551 Rosa Parks Boulevard Suite A Detroit, MI 48216

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☒ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☒ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☐ Other: _____
☒ 24-Hour Liquor License

Petition Communications (include date/time)

The Movement Techno Festival will take place in Hart Plaza from 2:00pm - 12:30pm each day.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Private Security Company Confirmed Pending Approval
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Private EMS Services Confirmed Pending Approval
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages, Generators & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Fisher

Date: 9-19-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, September 23, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT RECREATION DEPARTMENT
PLANNING AND DEVELOPMENT DEPARTMENT DPW - CITY ENGINEERING DIVISION
MUNICIPAL PARKING DEPARTMENT BUSINESS LICENSE CENTER

1094 *PAXAHAU, Inc., request to hold "2020 Movement Music Festival" at Hart Plaza on May 23-26, 2020 from 2:00 PM to 12:30 AM each day. Set up to begin on 5-26-20 and tear down to be complete on 5-30-20.*

5/23/2020

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 2020 Movement Muusic Festival

Event Location: Hart Plaza

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Paxahau, Inc

Organization Mailing Address: 1551 Rosa Parks Blvd, Suite A Detroit, MI. 48216

Business Phone: 313-729-2427

Business Website: www.paxahau.com

Applicant Name: Sam Fotias

Business Phone: 3137292427

Cell Phone: 586-596-9463

Email: sam@paxahau.com

Event On-Site Contact Person:

Name: Sam Fotias

Business Phone: 5865969463

Cell Phone: 5865969463

Email: sam@paxahau.com

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 30,000 per day

Please provide a brief description of your event:

A yearly celebration of the global impact of techno music, created in detroit.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 05/14/2020 Time: 7am Complete Set-up Date: 05/22/2020 Time: 10 pm

Event Start Date: 05/23/2020 Time: 2 pm Event End Date: 05/26/2020 Time: 12:30 am

Begin Tearing Down Date: 05/26/2020 Complete Tear Down Date: 05/30/2020

Event Times (If more than one day, give times for each day):
2 pm until 1230 am each day - Saturday, Sunday Monday

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza

Facilities to be used (Check) Street Sidewalk Park ☒ City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

over 100 artists on 5 stages from around the world that represent the past, present and future of techno.

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? L, Acoustic K1

Describe specific power needs for entertainment and/or music:

we will build our own proprietary electrical grid

How many generators will be used? 4

How will the generators be fueled?
via a refueling company

Name of vendor providing generators:

Contact Person: TBD - usually its michigan CAT but we may be putting it out to bd in 2020

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☒ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

Indicate type of items to be sold:

drinks, food, shirts, albums, makeup, sundries, etc

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: TBD - also going to bid in 2020

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

120

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☒ Bonded

How will you advise attendees of parking options?

via all of our social media and marketing outlets

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
there will be heavier than normal foot and automotive traffic in the core business district, but nothing more than when there are multiple sports games and theater shows going on at once.

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:
via stakeholder communication emails

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth	TBD	
Tents (enclosed on 3 sides)	TBD	
Canopy (open on all sides)	TBD	
Staging/Scaffolding	5 STAGE	various sizes from 40x40 to 16x30
Bleachers	no	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart Medical - Adam Gottlieb

Address:

City/State/Zip:

Name of company providing port-a-johns: Jays Septic

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company: Andiamo Italia

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

06/12/2019

Date _____

HOLD HARMLESS AND INDEMNIFICATION

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Organizer:
Paxahau, Inc

Date: 06/12/2019

2016-04-18

1094

1094 *Petition of PAXAHAU, Inc., request to hold "2020 Movement Music Festival" at Hart Plaza on May 23-26, 2020 from 2:00 PM to 12:30 AM each day. Set up to begin on 5-26-20 and tear down to be complete on 5-30-20.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT RECREATION DEPARTMENT
PLANNING AND DEVELOPMENT DEPARTMENT DPW -
 CITY ENGINEERING DIVISION
MUNICIPAL PARKING DEPARTMENT BUSINESS